

**FAIRFAX COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH  
FOOD SAFETY SECTION  
10777 MAIN STREET, SUITE 111  
FAIRFAX, VA 22030**

Phone: (703) 246-2444 Fax: (703) 385-9568

**Application For A Department of Health Food Establishment Permit**

Please print or type the information requested below and return the completed application, permit fee of \$40, and a photocopy of your business license to the address listed above. The establishment name and owner's name must be the same as recorded on the establishment's business license. Call (703) 246-2444 for information regarding the establishment's permit. Plans and specifications for remodeling or alteration must be submitted to the Health Department in duplicate for review and approval before any work can be done. A fee of \$175 is required for plan review. If any existing equipment is to be replaced or new equipment installed, you must submit the manufacturer's name and model number for approval before installation.

**Application for a:** ☐ New Establishment ☐ Renewal ☐ Name change ☐ Change-of-owner

**Name of establishment:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Mailing address ( if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Establishment owner is a/an:** ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other

**Association, Corporation, Partnership name:** \_\_\_\_\_

**Names, titles & addresses of persons comprising the legal ownership ( Attach list if necessary):**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Local registered agent ( Required for out-of-state owners):**

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Person directly responsible for the establishment:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Immediate supervisor of person directly responsible for the establishment:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Is the food establishment: ( check appropriate box)**      ☐ stationary or ☐ mobile

**Is the food establishment: ( check appropriate box)**      ☐ temporary or ☐ permanent

**Hours of operation: Open** \_\_\_\_\_ **AM**   **PM**      **Close** \_\_\_\_\_ **AM**   **PM**

**Days of Operation: (Circle)**    **S**   **M**   **T**   **W**   **Th**   **F**   **Sa**

**Does the establishment: (check Yes or No)**

- (1) Prepare, offer for sale, or serve potentially hazardous food: ☐ Yes or ☐ No
  - (a) Only to order upon a consumer's request ☐ Yes or ☐ No
  - (b) In advance quantities ☐ Yes or ☐ No
  - (c) Using time as the public health control ☐ Yes or ☐ No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, freezing, or thawing ☐ Yes or ☐ No.
- (3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☐ Yes or ☐ No
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible Population (i.e., the elderly, children, or those with weakened immune systems) ☐ Yes or ☐ No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially hazardous ☐ Yes or ☐ No
- (6) Prepares only food that is not potentially hazardous ☐ Yes or ☐ No.

**Number of seats:** \_\_\_\_\_

**Water Supply: (check appropriate box)**

☐ Public - Name \_\_\_\_\_ or ☐ Private - Type \_\_\_\_\_

**Sewage: (check appropriate box)**

☐ Public - Name \_\_\_\_\_ or ☐ Private - Type \_\_\_\_\_

**Applicants name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use:**

**Fairfax County** \_\_\_\_\_ **Fairfax City** \_\_\_\_\_ **City of Falls Church** \_\_\_\_\_

**Map Grid** \_\_\_\_\_ **HMIS #** \_\_\_\_\_